



MISSOURI DEPARTMENT OF REVENUE  
DRIVER AND VEHICLE SERVICES BUREAU  
**POWER OF ATTORNEY**

FORM

**4054**

(REV. 9-02)

I (WE) HEREBY APPOINT \_\_\_\_\_ AS MY (OUR) ATTORNEY-IN-FACT FOR THE  
PURPOSE OF TRANSFERRING OR MAKING APPLICATION FOR TITLE AND REGISTRATION TO THE FOLLOWING DESCRIBED UNIT:

YEAR	MAKE	IDENTIFICATION NUMBER
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WITH THE FULL AUTHORITY TO SIGN ON MY (OUR) BEHALF ALL PAPERS AND DOCUMENTS AND TO DO ALL THAT IS NECESSARY TO THIS APPOINTMENT.

OWNER'S SIGNATURE

OWNER'S SIGNATURE

**NOTARY INFORMATION**

NOTARY PUBLIC EMBOSSEER SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF	
	<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

MO 860-1005 (9-02)



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